

ADA COUNTY JUVENILE COURT SERVICES
6300 W. Denton St., Boise, ID 83704
(208) 577-4800



Juvenile's Full Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Juvenile's Cell Phone:** _____

Sex: M F **Weight:** _____ **Height:** _____ **Hair:** _____ **Eyes:** _____ **Age:** _____ **DOB:** _____

School: _____ **Social Security No.:** _____

Distinguishing Marks (scars, birthmarks, tattoos, body piercings); Please list type and body location: _____

Biological Parent's Marital Status: Married Divorced Separated Never Married

Child Living With: _____

Mother's Name: _____

Address: _____ **Phone Number:** _____

Employment: _____ **Work/Cell Number:** _____

Social Security Number: _____ **Date of Birth:** _____

Father's Name: _____

Address: _____ **Phone Number:** _____

Employment: _____ **Work/Cell Number:** _____

Social Security Number: _____ **Date of Birth:** _____

Stepmother's Name: _____

Address: _____ **Phone Number:** _____

Employment: _____ **Work/Cell Number:** _____

Social Security Number: _____ **Date of Birth:** _____

Stepfather's Name: _____

Address: _____ **Phone Number:** _____

Employment: _____ **Work/Cell Number:** _____

Social Security Number: _____ **Date of Birth:** _____

Significant Other: _____

Relationship to Juvenile: _____

Address: _____ **Phone Number:** _____

Employment: _____ **Work/Cell Number:** _____

Social Security Number: _____ **Date of Birth:** _____

PRIOR AND CURRENT OFFENSES, AND ADJUDICATIONS:

1. Has your child ever been on probation before in any other states or counties? If so, did he/she ever receive a probation violation? How many?

2. Has your child ever been sentenced (post-disposition) to detention or any other facility? If so, how long was he/she there?

FAMILY CIRCUMSTANCES:

Please List **all individuals** currently living in the same home with juvenile:

Name, First and Last	Age/DOB	Sex	Relationship to Juvenile

Please list any brothers or sisters to juvenile *not* currently living in the home:

Name, First and Last	Age/DOB	Sex	Full/Step/Half/Adopted	Where Reside

3. Tell me about your relationship with your child. Do you get along? Do you and your child fight?

4. Is there a history of domestic violence in the home? Please describe.

5. Does anyone in the immediate family have a criminal history, including probation, jail, or prison? Please describe and list current probation officers, if applicable.

6. Describe Mother's relationship with your child.

7. Describe Father's relationship with your child.

8. Do you work? When you are not home, do you have an idea of where your child is? How does your child check in with you?

9. What are some of the rules and expectations for your child?

10. How well do you think your child follows the rules?

11. When your child gets in trouble, how do you discipline and how does your child respond?

a. Do you ever use any type of physical punishment? YES ☐ NO ☐

b. Does this discipline work, or make your child behave? Why or why not?

EDUCATION/EMPLOYMENT:

12. Describe your child's performance in school over the last year, including grades, attitude, and attendance. Current School _____ Grade _____

13. During the last school year has your child gotten in trouble at school? YES ☐ NO ☐

a. Tell me about what happened. Was your child suspended, and for how long?

14. Does your child ever skip school? YES ☐ NO ☐ How often? _____

15. Does your child have any significant problems with peers?

16. Do you feel like you have good communication with your child's teachers/school administration? What would they report about your child? (Note: we may contact the school for collateral information).

17. What are your child's current grades? _____

a. Are these typical grades for your child? YES ☐ NO ☐

b. Is the work hard for your child? YES ☐ NO ☐

c. Do you think your child could do better?

18. Is your child in any special classes at school? On an IEP? Has your child ever been diagnosed with an attention deficit disorder, or learning disability?

19. What are your goals for your child's education? Career?

20. Is your child currently working? YES ☐ NO ☐ Where? _____

For how many hours per week? _____ How long has your child been there? _____

Does your child have employment history? Please list previous employers.

PEER RELATIONS:

Please list juvenile's closest friends:

Name	Age	On Probation?	
		Y	N
		Y	N
		Y	N
		Y	N
		Y	N
		Y	N

21. Do you know your child's friends? Do you approve of your child's friends? Why or why not?

22. Have any of your child's close friends ever been in trouble with the law? Please explain.

a. Does your child or his/her friends claim gang affiliation? YES ☐ NO ☐

b. If so, what gang? _____ How long has he/she been involved? _____

23. To your knowledge, do any of your child's friends use drugs or alcohol? Please explain.

24. Do you have any other concerns about your child's friends?

SUBSTANCE ABUSE:

25. Is there a history of substance abuse with any immediate family members? If so, please note who, what substances, and time frames.

26. To your knowledge, has or does your child use drugs or alcohol? If so, what substances and how often? _____

27. Do you feel like your child's use of alcohol or drugs has interfered in your child's functioning, as in relationships with parents, friends, with schoolwork, or caused your child physical problems? _____

28. Why do you think your child drinks/uses drugs? _____

29. Have you talked to your child about his/her use? Have you attempted any interventions? _____

LEISURE/RECREATION:

30. Tell me about any clubs, groups, or organizations that your child is involved with. _____

31. Does your child have any hobbies or things that really interest him/her? Are you able to participate in these activities with your child? _____

PERSONALITY AND BEHAVIOR:

32. Describe your child's personality. _____

33. Do you have concerns about your child's anger? Please describe. _____

34. Does your child ever have trouble concentrating or focusing? YES ☐ NO ☐

35. Does your child give up easily when frustrated or angry, such as act impulsively, shut down, throw things, or flee the situation? YES ☐ NO ☐

36. Does your child have any physical health problems? YES ☐ NO ☐

37. Has your child ever been the victim of physical or sexual abuse or neglect? YES ☐ NO ☐
a. Was the matter reported to the police? Was it prosecuted?

38. Has your child ever been depressed for a long period of time? What caused this depression?
Was your child hospitalized? If so, please list where and dates.

39. Has your child ever attempted self harm? Please describe. Is this a current concern?

40. Does your child take medications for a mental health condition? What is the diagnosis? Please list medications and doctors overseeing medication management.

41. Has your child experienced any other traumatic or significantly emotional events?

ATTITUDES/ORIENTATIONS:

42. Has your child participated in any groups, counseling, or treatment? If so, please describe where, when, and why they were in counseling, groups, or treatment.

- a. Do you think that it helped? How? Would you like to see your child in counseling or treatment at this time?

43. What do you think will help your child stay out of trouble in the future? Is there anything specific you would like to see the Court order?

44. What problems might exist that would keep your child from successfully completing probation?

CLOSING COMMENTS FROM PARENTS: (Anything you would like to say directly to the Judge or have him aware of when considering your child's case. This will be quoted directly in the report.)
